

Debrief of 2010-11 and Planning for 2011-12 Accreditation Activities: Discussion with Commission Consultants August 2011

Overview of this Report

This report provides background information for the discussion among the COA members and the Commission's accreditation consultants.

Staff Recommendation

This is an information item.

Background

Between 2002-03 and 2006-07, only joint NCATE/CTC site visits for accreditation were conducted. In the 2007-08 year, the Commission began implementation of the revised accreditation system with fourteen site visits, some of which were joint NCATE/CTC reviews.

	Total Site Visits	CTC Only	Joint NCATE	TEAC
2007-08	14	11	3	0
2008-09	15	12	3	0
2009-10	13	9	4	0
2010-11	31	26	4	1

In the 2010-11 year, 31 reports were developed during the accreditation visits for review and action by the COA. For each visit the Team Lead and Commission consultant presented the accreditation report to the COA.

During the discussion of this item, the COA and the Commission's professional staff will address all components of the accreditation system: initial program review, program assessment, biennial reports, and site visits. One of the cohort-specific Cohort Maps is provided in Appendix A as a reference for the discussion.

It is anticipated that suggestions from the discussion between the COA and the Commission's professional staff will be incorporated into future BIR trainings, focused Team Lead and team member update trainings, and will be used to guide the ongoing professional development of Commission consultants. This discussion also serves to assist in the accreditation system's evaluation requirements regarding the implementation of the accreditation system.

During the meeting, the COA and Commission consultants will discuss the topics below. Information and decisions arising from the discussion will guide the accreditation activities in 2011-12.

1. The process used in 2010-11 and planned for 2011-12 for the review of Biennial Reports including the feedback templates (Appendix B).
2. The process used in 2010-11 and planned for 2011-12 for the review of Program Assessment documents.

3. The guidance (Appendix D) that teams use when coming to a decision about standards.
4. The guidance (Appendix E) that teams use when coming to consensus on making an accreditation recommendation.
5. The accreditation report sections that describe the standard findings and the information that supports that standard finding. What is too much information and what is insufficient information? Does this differ between the Common Standards and Program Standards Reports?
6. The rationale statements that teams develop to explain to the COA, the institution and the public why that specific accreditation recommendation is made. What is too much information in the rationale and what is insufficient information?
7. The process used in 2010-11 to develop stipulation statements. The guidance (Appendix F) team leads and Commission consultants use to assist them in developing draft stipulations. The goal in 2010-11 was to establish a level of consistency in formulating draft stipulations that meet the needs of both the institution and the COA.
 - a. How effective were the efforts to review and standardize the draft stipulation language during 2010-11?
 - b. Does the COA expect to see a draft stipulation for each Common Standard that is not fully met?

Board of Institutional Reviewers (BIR)

The BIR has over 100 individuals who attended BIR training before the restart of the Commission's accreditation system. Of these, approximately 70 were active in the 2010-11 year and participated in one or more accreditation activities (IPR, Program Assessment, and/or site visits). Since the implementation of the revised accreditation system, an additional 316 educators have completed or will have soon complete BIR training. Staff plans to hold two additional BIR training sessions in 2011-12 (August 2011 and January 2012). The table below describes BIR training activities to date.

BIR Session Date	New BIR Participants
September 2007	15
January 2008	38
June 2008	28
January 2009	29
June 2009	26
August 2009	31
January 2010	28
June 2010	15
August 2010	26
January 2011	20
<i>August 2011</i>	30
<i>January 2012</i>	30
	316

Italics indicate the activity is in the future

The BIR training has evolved over the five years since the revised accreditation system was adopted by the Commission. Initially the sessions included big, bulky binders with many sections. This evolved to a small binder along with the use of laptops during the sessions, and then to fully technology-mediated sessions. Now, each participant copies a folder of files onto the laptop and works from those files. The design of the BIR sessions involves the individuals in understanding the BIR member's role in Initial Program Review, Program Assessment and accreditation site visits along with the use of Biennial Reports in both Program Assessment and the site visit. Participants are provided time for guided and independent practice of each of the skills and activities in which BIR members participate. Feedback has been collected and has been consistently positive. Constructive comments were gathered from BIR members and used to fine tune both the initial BIR training and the BIR Updates.

BIR Updates

In 2010-11, staff initiated BIR updates prior to beginning accreditation site visits. The purpose of these updates was to ensure that all individuals who were assigned to a site visit were aware of the most recent procedures, understood the new concept of program sampling, reviewed refinements in report writing formats, and understood the various roles of individuals on the site visit team. Feedback from individuals who participated in these updates, either in person or via webinar, indicated they were quite valuable. BIR Updates were provided for Common Standards review team members, program sampling review team members, and NCATE reviewers. In addition, one was held specifically for team leads. These webinars are available for the 2011-12 reviewers and staff will be asking all participants in upcoming site visits to review the appropriate archived webinar prior to the review.

Next Steps for BIR

The full BIR training sessions for new reviewers will decrease in frequency. Instead of holding three sessions annually, only one or two sessions will be scheduled. This will allow the focus of work with BIR members to shift to the standards and to calibrating all members on both the Common Standards and Program Standards.

Biennial Reports

Biennial Reports are due after the 1st, 3rd, and 5th years of the accreditation cycle. The reports are due in August, September or October after the year when the data was collected. Early in the calendar year, each institution in the three identified cohorts indicates the preferred month for submission of its Biennial Report. All Biennial Reports for the institution are due at one time so that the dean or director can complete the summary (Part B). All submissions are electronic. The table below indicates the accreditation cohorts that will have submitted Biennial Reports prior to their site visits.

Year	Cohorts Submitting	Site Visit with Prior Biennial Report	Comments
2006-07	Voluntary/Pilot only	No visits	
2007-08	Orange, Green, and Violet	none	First submission for all three cohorts
2008-09	Red, Yellow, and Indigo	Green (1)	First submission for all three cohorts
2009-10	Orange, Blue and Violet	Yellow (1)	Second submissions for Orange and Violet First submission for Blue
2010-11	Red, Green and Indigo	Orange (2)	Second submissions for all three cohorts
2011-12	<i>Violet, Blue, Yellow</i>	<i>Red (2)</i>	Third submission for Violet, second for Blue and Yellow

Italics indicate the activity is in the future

Each institution's original Biennial Report (BR) submission was reviewed by Commission staff. Initially two accreditation staff members, Cheryl Hickey and Gay Roby, were reviewing all BRs and submitting the feedback for review by the Administrator of Accreditation prior to providing the feedback to the institution. During the past year, accreditation staff trained and supported additional staff from the Professional Services Division, other divisions of the Commission, and the BTSA Cluster Regional Directors (CRDs) to review the BRs on a pilot basis. The template for the BR feedback is provided in Appendix B. When additional Commission staff review a BR, they work in partnership with a second staff member. The feedback from the pair of staff members is reviewed by the accreditation staff focusing on the BR, fine-tuned if necessary, and then reviewed by the Administrator of Accreditation.

In the fall of 2011, the Red, Green, and Indigo cohorts will all be submitting their second biennial report. In fall 2012, the Blue and Yellow cohorts will be submitting a second BR while the Violet cohort will be submitting its third BR. In addition, after reviewing quite a number of BRs, accreditation staff developed a suggested list of comments and language for staff to consider when responding. This list of comment stems is provided in Appendix C.

Use of Biennial Reports at the 2010-11 Accreditation Site visits

Site visit team members were asked to provide feedback on their use of and the usefulness of BRs during 2010-11.

Please Indicate which of the following you reviewed prior to arriving at the site visit. (56 responses)	Biennial Report	CTC Feedback
Yes--for ALL programs	43	45
Yes--for all programs ASSIGNED TO ME	16	15
Yes--for SOME of the programs assigned to me	2	1
No--did not have time, but knew where they were	0	1
No--did not know how to find	1	2
No--did not know about prior to the visit	0	1

No--was a member of the Common Standards/NCATE cluster and did not think I needed to	4	4
Total Responses	66	69

BIR Members who served on site visit teams were also asked how useful the Biennial Report and the CTC Feedback were to them at the site visit.

70 BIR members responded	Very Useful	Useful	Somewhat Useful	Not Useful	Did not use it
Biennial Report	60%	21%	13%	0	6 %
CTC Feedback	60%	22 %	9 %	3 %	7 %

Further Discussion Regarding Biennial Reports

Staff continues to be challenged by response time to institutions. However, as furloughs are discontinued and more staff are trained and become experienced, the response time should be reduced. In addition, procedures are being modified beginning in August 2011 to attempt to better meet deadline goals. Staff has updated the cohort specific maps with detailed expected timelines for response (Appendix A). In addition, a comment template has been developed for use by the staff reviewing Biennial Reports. Providing timely feedback is a priority for staff.

Program Assessment

Program Assessment is the activity where the implementation of the approved program's design as described in the program narrative is reviewed by members of the BIR. The degree of alignment with the adopted program standards is evaluated by the BIR members. If the response is not deemed to be aligned initially, additional information is requested from the program. The table below indicates the accreditation cohorts that will have Program Assessment prior to their site visits.

Year	Cohort Submitting	Site Visit with Prior Program Assessment	Comments
2006-07	None	No visits	
2007-08	Yellow	None	
2008-09	Orange	None	
2009-10	Red	Yellow	1 st year PA process has been completed prior to the site visit.
2010-11	Violet	Orange	2 nd year PA will be completed prior to the site visit.
2011-12	<i>Indigo</i>	<i>Red</i>	3 rd year PA process has been completed prior to the site visit.

Italics indicate the activity is in the future

A Program Assessment (PA) team (Kathryn Polster, Katie Croy, Rebecca Parker and Geri Mohler) are managing the PA process. The PA team organized monthly reading sessions where BIR members traveled to the Commission to work on the documents in pairs. In addition, the

BTSA Induction programs' transition to the accreditation system involves three cohorts (Red, Yellow and Green) participating in PA in 2009-10. Due to a clerical error, the Orange cohort BTSA Induction programs were also included in PA, so four of the seven BTSA cohorts completed PA during 2009-10. The table below indicates the number of PA documents read and the percentage of programs preliminarily aligned prior to the site visit for each of the four cohorts.

Use of Program Assessment Reports at the 2010-11 Accreditation Site visits

Site visit team members were asked to provide feedback on their use of and the usefulness of Program Assessment documentation (program narratives, Preliminary Findings, and program summaries) during the 2010-11.

Please indicate which of the following you reviewed prior to arriving at the site visit.	Program Narrative	CTC Feedback	Program Summary
Yes--for ALL programs	59%	61 %	61 %
Yes--for all programs ASSIGNED TO ME	24 %	22 %	24 %
Yes--for SOME of the programs assigned to me	6 %	3%	4 %
No--did not have time, but knew where they were	0	0	0
No--did not know how to find	1 %	3 %	1 %
No--did not know about prior to the visit	0	2 %	3 %
No--was a member of the Common Standards/NCATE cluster and did not think I needed to	0	9 %	6 %
Total Responses	70	67	70

BIR Members who served on site visit teams were also asked how useful the *Preliminary Findings from Program Assessment* and the Program Summary were to them at the site visit. The individuals who indicated that they did not use the Preliminary Findings and the Program Summaries served on the Common Standards cluster—and really should not have responded to the prompt.

	Very Useful	Useful	Somewhat Useful	Not Useful	Did not use it
Preliminary Findings from Program Assessment	56 %	23 %	9 %	1 %	11 %
Program Summaries	55 %	22 %	9 %	1 %	13 %

Further Discussion Regarding Program Assessment

In August 2010 the COA slightly modified the PA process for Preliminary Multiple and Single Subject Teacher Preparation programs with respect to the standards that address the implementation of the teaching performance assessment, Standards 17-19. These changes in the review process for Standards 17-19 impacted the Violet cohort as program documentation from this cohort is in October, November or December 2010.

In addition, the PA review process has increased its focus on a thorough review of the programs' instruments for assessing candidate competencies. A webinar was provided for institutions in September 2010 which discussed the importance of including the assessment tools and additional training is being provided to BIR members who read the Program Assessment documents.

One of the challenges staff has identified is the calibration among BIR members in reviewing the Program Assessment documentation. Additionally, tracking all program submissions has proved challenging as is the complicated process of tracking where each program is in the review process and ensuring timely reviews of all responses to requests for additional information. Support staff has made improvements to the tracking and monitoring processes during the 2010-11 year.

Initial Program Review

Based upon the information gained from implementing the PA review process, staff began a coordinated Initial Program Review (IPR) process in January 2010. The IPR team (Paula Jacobs, Karen Sacramento, Helen Hawley and Lynette Roby) organize monthly sessions where initial program proposals for all types of educator preparation programs are reviewed at the Commission.

Future Activities

A number of activities designed to support the implementation of the revised accreditation system are planned for the 2011-12 year. It is anticipated that the discussion between the COA and the Commission accreditation consultants will help inform and guide the accreditation activities including the following activities:

- * A meeting for BIR members identified as Team Leads will take place prior to the 2011-12 site visits to allow the group of team leads to fully understand the roles of the team lead and of the Commission consultant, and to prepare for the site visits. If a team lead is not able to attend the meeting, the meeting will be archived and available on the Commission's website, or a phone meeting will take place with the team lead prior to the site visit.
- * Update sessions for current members of the BIR will be provided to orient members to the revised accreditation system, revisit important information from the BIR training, and recalibrate individuals on the Commission's standards and the level of evidence expected when considering program findings and accreditation recommendations. Staff plans to schedule these sessions and announce the dates by September 2011.

Staff will take the information and suggestions from the COA discussion and work to develop improved accreditation procedures for the 2011-12 site visits.

Appendix A

RED COHORT (38)

CSU

Dominguez Hills (F)*
Los Angeles (F)*
Sonoma State (S)*

Private/Independents

Concordia University
Pacific Union College
Pepperdine University
Point Loma Nazarene Univ (S)*!
University of San Diego (F)*

Local Education Agencies continued

Sutter County SOS (121)
Campbell Union SD (203)
Contra Costa COE (204)
Oakland USD (212)
Redwood City SD (214)
Pleasanton USD (230)
Bay Area School of Enterprise/
REACH (234)
Manteca USD (311)
Tulare City SD (318)
Hanford ESD (321)
Burbank USD (405)
Culver City USD (407)
Los Angeles USD (414/433/441-448)
Temple City USD (425)
Arcadia USD (435)
Chula Vista ESD (505)
Cajon Valley Union SD (506)
Orange USD (519)
Poway USD (521)
Riverside COE (612)

University of California

Berkeley
Los Angeles
Santa Cruz

Local Education Agencies

Davis Joint USD (104)
Marin COE (110)
Placer COE (114)

Academic Year (AY)	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Cycle Year	4	5	6	7	1	2	3
Accreditation Activity	Institutional Data Collection Program Assessment	Institutional Data Collection Biennial Report	Institutional Data Collection Site Visit	Institutional Data Collection Site Visit follow-up	Institutional Data Collection Biennial Report	Institutional Data Collection	Institutional Data Collection Biennial Report
Due to CTC	Program Assessment Document	Biennial Report (Data for AY 2009-10 and 2010-11)	Preconditions Report (6-12 months in advance of visit) Self Study	7 th Year Follow Up, if applicable	Biennial Report (Data for AY 2011-12, 2012-13, and 2013-14)	Nothing	Biennial Report (Data for AY 2014-2015 and 2015-2016)
Due dates	Oct. 2009 or Jan. 2010	Aug. 2011 or Sept. 2011	2 months before Site Visit	Up to 1 Year after Site Visit, if applicable	Aug. 2014, Sept. 2014, or Oct. 2014	None	Aug. 2016 or Sept. 2016
COA/CTC Feedback What & When	Preliminary findings on each program and all standards by Jan. 2011	-CTC Staff feedback in Aug: 6-8 wks Sept: 6-8 wks	-Accreditation decision made by COA	COA Review of 7 th Year Report, if applicable	-CTC Staff feedback in Aug: 8-10 wks Sept: 10-12 wks Oct: 12-16 wks	None	-CTC Staff feedback in Aug: 8-10 wks Sept: 10-12 wks
Notes							

*NCATE Visit

! Initial Visit

Appendix B

Feedback Table for Second Biennial Reports from an Institution

<Insert Institution Name>
 Biennial Report Response, Fall 2011

Credential Certificate Program	Candidate and Program Data	Components of the Biennial Report	Comments/Additional Information Required												
	<u>Data Presented</u> <u>Data discussed but not presented</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Context</td><td></td></tr> <tr><td style="text-align: center;">Changes since last BR/SV</td><td></td></tr> <tr><td style="text-align: center;">Assessments tied to Standards</td><td></td></tr> <tr><td style="text-align: center;">Aggregated Data</td><td></td></tr> <tr><td style="text-align: center;">Analyze Data</td><td></td></tr> <tr><td style="text-align: center;">Program Modifications</td><td></td></tr> </table>	Context		Changes since last BR/SV		Assessments tied to Standards		Aggregated Data		Analyze Data		Program Modifications		
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Changes since last BR/SV															
Assessments tied to Standards															
Aggregated Data															
Analyze Data															
Program Modifications															
Part B: Institutional Summary and Plan of Action															
<i>Submission of a Biennial Report for each approved educator preparation program is required as part of the Commission's accreditation activities but does not, in and of itself, imply that any of the Commission's Common or Program Standards are Met . Nor should any of the comments made by the CTC staff above be construed as indicating whether any of the Commission's Common or Program Standards are Met. The decision if each standard is met or not is the responsibility of the site visit team.</i>															

Appendix C

**Sample Comments/Additional Information Required
Biennial Report Responses**

Part A: Program Reports—One Row in the Report Template	
Well Written Biennial Report	Data, analysis, and program modifications were present, clearly presented, and well linked. Data and analysis supported (<i>proposed</i>) program modifications. Meets Commission requirements.
Additional documentation submitted	The Biennial Report requires aggregated data. This report goes beyond the requirement and also submits the assessments and/or the rubrics used, which is not required. These tools need to be submitted during Program Assessment.
Issues Pertaining to the Data Submitted	
No Data Presented	The institution states that it is collecting data but didn't present the data or it discusses the "process" for the collection and analysis of the data. The report identified a number of assessments used by the program (<i>or the process used for collection of the data</i>) but none of the data collected through those assessments was reported or analyzed. The biennial report requires that aggregated data for 4-6 key assessments be included in each biennial report.
	It appears that there isn't any data collection being done. The Biennial Report requires that aggregated candidate assessment data and/or program effectiveness data be submitted. Staff did not find this type of data in this program's report. It is expected that in the next Biennial Report, aggregated candidate competency data and program effectiveness data will be submitted for 4-6 key assessments.
Only Candidate Assessment Data Presented	While candidate assessment data are critical and are presented in this report, the Biennial Report requires that aggregated data from other sources that provide an indication of program effectiveness be included. Survey information from employers, post program surveys from completers, candidate satisfaction surveys are some examples of program effectiveness data that can provide important perspectives on how well its program prepares candidates for the districts it serves and indicate areas for possible program improvement.
Only Post-Program/Program Effectiveness Data Presented	While program effectiveness data are critical and are presented in this report in the form of _____ (<i>employer surveys, one year out surveys of completers, etc.</i>), the Biennial Report also requires the inclusion of data from candidate assessment instruments that are used as candidates progress through the program to assess candidate competencies identified in the standards and by the program. Data from assessments of candidates while they are in the program will be expected in the next biennial report.
Data Submitted but not tied to Standards or Competencies	Although data was submitted for candidates, it is unclear how the assessments are tied to candidate competencies identified in the standards and/or by the program. As a result, it is difficult to understand the program modifications discussed and to understand how they will contribute to ensuring candidates acquire the knowledge, skills, and abilities expected for the credential.
Data Submitted is at a level that cannot provide info on program strengths and weaknesses (grades, completion)	Although aggregated data is provided in this report, the data is provided at such a level (grades, completion of courses or requirements) that it is not possible to identify areas of program strength and areas in need of program modification/improvement. Additionally, it is difficult to link these data to specific competencies required by the credential. The Commission strongly urges the program to identify assessments used that are more directly linked to candidate competencies outlined in the standards and/or by the program, and therefore, are more useful in identifying areas of program strength and weaknesses. <i>Use this response only when this characterization represents all or most of the data include in the report –If this kind of data is included, but other more useful data is also included, this response may not be necessary.</i>
Data for Fewer than 4-6 key assessments	The biennial report requires the submission of aggregated data for 4-6 key assessments. The data submitted does not meet this requirement. In your next biennial report, please include aggregated

Biennial Report Sample Responses

were provided	candidate assessment and program effectiveness data for 4-6 key assessments.
Issues Pertaining to the Data Submitted	
Individual candidate level data presented instead of aggregated data	The Biennial Report requires the submission of aggregated candidate assessment and program effectiveness data. While candidate assessment and/or program effectiveness data was presented in this report, it includes individual-level data, rather than aggregated data, which are not appropriate for biennial reports. In your next biennial report, please provide aggregated data rather than individual candidate level data.
Data unclear or poorly presented	Some (<i>All</i>) of the data presented were difficult for reviewers to interpret given the information provided in the report. For instance, the reviewers could not determine (<i>list specific issues such as how many candidates completed the assessment, the number of points on the scales from which candidates could select, or the lowest and highest scores reported</i>). In the next biennial report, please (<i>indicate what is needed such as: identify the range of each rating scale reported in each table, the number of responses for surveys or the percentage of individuals who responded, clarify what each score represents, etc.</i>) It is expected that the next biennial report will include more complete and clear information on the data being reported.
Report does not contain two years of data	The biennial report requires the inclusion of two years of aggregated candidate competency and program effectiveness data. This report does not include two years of aggregated data. The Commission expects that the next Biennial Report will include two years of candidate and program data.
No TPA related Data Provided	The biennial report for Multiple and Single Subject programs require the submission of aggregated candidate assessment data from the Teaching Performance Assessment. Your biennial report did not include such data. The Commission expects that in the submission of your next biennial report aggregated candidate data from the Teaching Performance Assessment will be included as part of the submission of data from 4-6 key assessments.
Data Not Provided or Disaggregated for Each Delivery Model offered	<p>When it is unclear whether the data reflects all candidates in all delivery models offered: The Commission's records (<i>or the biennial report</i>) indicates that this program is offered via different delivery models (<i>traditional, intern, blended – list only those appropriate to that institution</i>). It is unclear in the biennial report whether the aggregated data provided reflects the inclusion of candidates in all delivery models. It is important for program improvement purposes to understand whether there are any important differences in program effectiveness between the delivery models. For the next biennial report, please disaggregate the data by delivery model to determine whether there are any substantive differences in the data by delivery model.</p> <p>When it is clear that they have lumped candidates from all delivery models together in data tables: The Commission's records (<i>or the biennial report</i>) indicate that this program is offered via different delivery models. The data submitted does not distinguish between the different delivery models. It is important for program improvement purposes to understand whether there are any important differences in program effectiveness between the delivery models. For the next biennial report, please disaggregate the data by delivery model to determine whether there are any substantive differences in the data by delivery model.</p>
Program is New and so No Data was Presented	<p>If no data was provided for new program but assessments were described: This program is new and so no program data is currently available. The Commission appreciates the description of the assessments that will be used in the new program. The Commission looks forward to the inclusion of aggregated data for this program in the next biennial report.</p> <p>If neither the data nor a description of the assessments and program effectiveness instruments was provided: This program is new. The looks forward to a description of the new data collection system that will be in place for this program, as well as the aggregated candidate assessment and program effectiveness data for 4-6 key assessments for this new program in the next biennial report.</p>

Biennial Report Sample Responses

Issues Pertaining to the Analysis of the Data	
No analysis of data was provided	The biennial report requires an analysis of the data by the program. Reviewers did not find an analysis of the data included in the report. In the next biennial report, the Commission will expect that an analysis of the data be included in the report.
Analysis provided was superficial or weak	While a very brief analysis was included, the Commission notes that the program may wish to examine the data more thoroughly to determine if more can be noted that informs program decision-making and on-going program improvement efforts.
Analysis provided but does not appear tied to the data provided	While an analysis was included in the report, reviewers found it difficult to link the analysis to the data that was presented. As a result, it is difficult to also link the data to the program modifications that are discussed. Additional clarity about the linkage between the data, its analysis, and program modifications discussed would be advisable for the next biennial report.
Limited nature of the data impacts quality of the analysis that can be done or provided	The analysis of candidate competency and program effectiveness data appears to be hampered by the quality or level at which that data has been provided. Because the data submitted is of limited usefulness for this purpose, its analysis provides limited insight into areas of program strength and those in need of program modification.
The analysis fails to include an obvious area of program weakness	Reviewers note that the analysis does not comment upon (<i>fill in the area in which there is an apparent weakness</i>) yet the data provided appears to indicate that this may be an area in which the program may wish to examine more thoroughly.
Issues Pertaining to Program Modifications	
Data Presented and Analyzed, BUT Pgm Modifications not Discussed	Data and analyses were presented, but the report does not include any information about possible program modifications either planned or under consideration.
Pgm Modifications Not Tied to Data Submitted	Data and analysis were presented, however, the program modifications identified did not appear to take into account the information gained from the analyses included in the report. It is unclear how the need for the program modifications was identified or data used to guide program improvements.
Pgm Modifications Identified, BUT No Data were Submitted	The program identified a number of modifications that did not appear to be related to any candidate assessment or program effectiveness data. The biennial report is intended, in part, to reflect the program's alignment with Common Standard 2 that requires, in part, that "... <i>Assessment</i> in all <i>programs</i> includes ongoing and comprehensive data collection related to <i>candidate</i> qualifications, proficiencies, and <i>competence</i> , as well as <i>program</i> effectiveness, and is used for improvement purposes." Future biennial reports must include aggregated assessment and program effectiveness data, the analysis of that data, and a discussion about program modifications tied to the analysis of the data.
Improved Data Collection System identified as Pgm Modification	The Commission commends the institution for identifying the limitations of its current candidate assessment and/or program effectiveness tools and for its efforts to further develop or enhance its assessment system. The Commission looks forward to the inclusion of aggregated data from these new assessments in future biennial reports.

Part B: Institutional Summary - Possible Comments	
Meets Commission requirements	<p>Well done and thorough Part B:</p> <p>The Institutional Summary indicates that leadership has reviewed the biennial report information submitted for all programs. It demonstrates a thoughtful review of each program's report and identifies areas of strength and areas in need of improvements and identifies trends across programs within the institution. Meets Commission requirements.</p> <p>Well done and thorough Part B, <u>only 1 program</u>:</p> <p>The Institutional Summary indicates that leadership has reviewed the biennial report information submitted for the program. It demonstrates a thoughtful review of the program's report and identifies areas of strength and areas in need of improvements. Meets Commission requirements.</p> <p>If data collection was clearly an issue across programs and the institutional leader appears to be supporting the development of a system:</p> <p>The Commission commends the unit and the institution for its commitment to developing more meaningful and informative assessment instruments and for its commitment to developing and utilizing a comprehensive candidate data and program evaluation system. It is expected that the next Biennial Report, or site visit, will provide information on the development of the assessment system.</p> <p>If program assessment system is clearly in place but there is no evidence of a unit assessment system:</p> <p>The data submitted by the programs is discussed in the Institutional Summary and program modifications are evident, but the discussion does not demonstrate evidence of a unit-wide system of data collection, analysis and unit modifications. Common Standard 2: Unit and Program Assessment and Evaluation requires that both the unit and its programs have a data collection, analysis and improvement system.</p>
Does not meet Commission requirements	<p>An Institutional Summary was not provided. The biennial report requires that not only are program reports required but that institutional leadership demonstrate that they have reviewed the program reports that are submitted and that strengths, areas in need of program improvements, and trends across programs be identified.</p>

Appendix D

Standard Decision Guidance

Standards Findings

For each standard (Common and Program) the team will make one of three decisions:

Met	<u>All</u> phrases of the standard are <u>evident</u> and <u>effectively implemented</u> .
Met with Concern	<u>One or more</u> phrases of the standard are <u>not evident</u> or are <u>ineffectively implemented</u> .
Not Met	<u>Significant</u> phrases of the standard are <u>not evident</u> or are <u>so ineffectively implemented</u> that it is <u>not possible to see the standard</u> in the program.

Make sure the team members articulate the triangulated evidence that leads to the standard decision! A single person saying one thing should be treated as an outlier...each finding must be supported by multiple sources of evidence.

Appendix E

Accreditation Recommendation Guidance

Accreditation

The recommendation of ***Accreditation*** means that the accreditation team verified that the institution and its programs, when judged as a whole, met or exceeded the CTC's adopted Common Standards and the Program Standards applicable to the institution. The institution (including its credential programs) is judged to be effective in preparing educators and is demonstrating overall quality in its programs and general operations. The status of ***Accreditation*** can be achieved even if there are one or two Common Standards identified as "met with concerns" or if one or more areas of concern are identified within its credential programs.

Accreditation: Accreditation with Stipulations

The recommendation of ***Accreditation with Stipulations*** means that the accreditation team verified that the institution and some of its programs have "not met" or "met with concerns" some Common Standards or Program Standards applicable to the institution and that action is required to address these deficiencies. The institution is judged to be generally effective in preparing educators and in its general operations apart from the identified areas of concern. The concerns or problems identified are confined to specific issues that minimally impact the quality of the program received by candidates or completers.

Accreditation with Major Stipulations

The recommendation of ***Accreditation with Major Stipulations*** means that the accreditation team concluded that the institution and some of its programs have "not met" or "met with concerns" multiple standards in the Common Standards, and/or Program Standards applicable to the institution, or that the team found areas of concern (such as matters of curriculum, field experience, or candidate competence) that impact, or are likely to impact, the preparation of credential program candidates. The team identified issues that impinge on the ability of the institution to deliver high quality, effective programs. The review team may have found that some of the institution's credential programs are of high quality and are effective in preparing educators, or that the general operations of the institution are adequate, but the team concluded that these areas of quality do not outweigh the identified areas of concern.

Accreditation with Probationary Stipulations

The recommendation of ***Accreditation with Probationary Stipulations*** indicates that an accreditation team identified serious and pervasive deficiencies in the institution's implementation of the Common Standards and the Program Standards applicable to the institution, or that the team found areas of concern (such as matters of curriculum, field experience, or candidate competence) that substantially impact the preparation of credential program candidates. The team identified issues that prevent the institution from delivering high quality, effective programs. The review team may have found that some of the institution's credential programs are of high quality and are effective in preparing educators and/or that its general operations are adequate, but the team determined that these areas of quality do not outweigh the identified areas of concern.

Appendix F Drafting Stipulations Guidance

When is a Stipulation needed?

- If the team has determined the accreditation recommendation will be ***Accreditation with Stipulations***, ***Major Stipulations***, or ***Probationary Stipulations***.

Who Drafts Stipulations?

- The team lead and the consultant typically draft the stipulation(s), based upon the conversation of the team, and share it with the team for refinement, if necessary.

General Thoughts about Stipulations

- If a **Common Standard** is “***Not Met***” a stipulation should be drafted.
- A **Common Standard** “***Met with Concern***” does not necessarily need a stipulation if the team’s recommendation is “***Accreditation***.”
- If one or more **Common Standards** are “***Met with Concern***” and the teams recommendation is “***Accreditation with Stipulations***,” then a stipulation or stipulations is/are needed
- **Program standards** that are “***Met with Concern***” or “***Not Met***” do not necessarily need specific stipulations. This will depend on the professional judgment of the team, team leader, and consultant.
- A stipulation should provide direction to the institution about what aspect of the standard needs to be rectified to allow a recommendation of “***Accreditation***” to be appropriate.
- A stipulation must avoid telling the institution HOW to address the standard, but provide enough information that institutions have some clear direction about what they need to do to address the stipulation.
- Stipulations should generally not include language that requires that the institution must provide evidence that all standards less than fully met are now met.

Prefacing Statement

- Within one year of this action, the institution will submit written documentation to the team lead and Commission consultant documenting all actions to remove the stipulations noted below.

OR

- Within one year of this action, the institution will host a re-visit with the team lead and Commission consultant (add additional team members if appropriate) to collect evidence of actions to address the stipulations noted below.

Sample Stipulations for Common Standards

1. That the institution provide evidence that leadership supports a clear vision for teacher preparation and fosters cohesive management, including clear communication and lines of authority and responsibility. *(1: Educational Leadership)*
2. That the institution provide evidence of the implementation of a comprehensive program evaluation system involving program participants, graduates, and local practitioners. The system must demonstrate the potential for assuring continuous program improvement and must be applied to all credential program areas. *(2: Unit and Program Evaluation System)*
3. That the institution provide evidence that each program within the unit receives sufficient resources to allow for effective operation of the credential program. The resources must enable each program to effectively operate in terms of coordination, recruitment, advisement, program development and instruction. *(3: Resources)*
4. That the institution provide evidence that all faculty that teach and supervise courses and field experiences are qualified and have a thorough understanding of the public schools including the accountability systems, academic standards and frameworks *(4: Faculty and Instructional Personnel)*
5. That the institution provide evidence that candidates are admitted on the basis of well-defined admission criteria and that consistent advice and assistance is readily available to candidates. *(5: Admissions and 6: Advice and Assistance)*
6. That the institution provide evidence that it collaborates effectively with local school personnel in selecting school sites all along the planned fieldwork sequence and that district field supervisors are carefully selected, trained, and oriented. *(7: Field Experiences and Clinical Practice and 8: Program Sponsor, District and University Field Supervisors)*
7. That the institution provide evidence documenting a process of candidate assessment and implementation of said plan including candidate competence data, analysis, suggestions for program improvement arising from such analysis; and documentation that clinical experiences occur in diverse placements for all candidates (with individual documentation in student files prior to credential issuance). *(9: Assessment of Candidate Competence)*